| Application No. O9/386,775-Conf. #1784 August 31, 1999 B. K. Tieu 2843 pplicant(s): Laszlo Erdely, Jr. et al. Vention: TECHNIQUES FOR PROVIDING UNINTERRUPTED DIGITAL COMMUNICATIONS TO CUSTOMERS COUPLED TO LOCAL LOOP GENERATION EQUIPMENT TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS AS AMENDED Remaining Anter Provided Part Extra Claims Present Aumbor Provided Part Part Strate Claims Present Aumobrand Part Part Part Claims Present Total Claims 18 - 20 = 0 x 50.00 0.00 Multiple Dependent Claims (check if epplicable) Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 X Large Entity Small Entity X No additional fee is required for this amendment. Please charge Deposit Account No. in the amount of \$ 4 duplicate copy of this sheet is enclosed. A check in the amount of \$ 5 to cover the filling fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. /Shelly L. Hokenstad/ Shelly L. Hokenstad/ Shelly L. Hokenstad/ Bloomfield Hills, Michigan 48304 | o9/386,775-Co clicant(s): Lasz ention: TECHN CUSTO consmitted here e fee has been | Inf. #1784 Ito Erdely, Jr. et al. (IQUES FOR FOMERS COUP) TO with is an amedical calculated and calculated and feer Amendment | August 3 PROVIDING U LED TO LOCA THE COMMI Indment in the d is transmitted CLAIM Highest Number Previously | NINTERRUP AL LOOP GEI SSIONER FO above-identifi d as shown b | NERATOR PA | B. K. Tieu IGITAL COMN ION EQUIPM TENTS | 2643 MUNICATIONS TO |
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| Claims | | | - 20 = | 0 | X | 50.00 | 0.00 |
| Other fee (please specify): TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: O.00 X Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. A check in the amount of \$ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. Scredit any overpayment. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. /Shelly L. Hokenstad/ Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | | 6 | - 6 = | 0 | х | 200.00 | 0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: X Large Entity | Multiple Depend | lent Claims (ch | eck if applicabl | e) | | | |
| x Large Entity x No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 18-0013 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. /Shelly L. Hokenstad/ Dated: September 25, 2007 Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | Other fee (pleas | e specify): | | | | | |
| No additional fee is required for this amendment. | TOTAL ADDITI | ONAL FEE FO | OR THIS AME | NDMENT: | | | 0.00 |
| Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No 18-0013 as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application progessing fees required under 37 CFR 1.16 and 1.17. /Shelly L. Hokenstad/ | x Large Entity | | · | | | Small Entity | |
| A duplicate copy of this sheet is enclosed. A check in the amount of \$ | No additiona | ıl fee is require | d for this ame | ndment. | | | |
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| as described below. A duplicate copy of this sheet is enclosed. X Credit any overpayment. X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. /Shelly L. Hokenstad/ Shelly L. Hokenstad/ Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | Payment by | credit card. Fo | orm PTO-2038 | is attached. | | | |
| Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. /Shelly L. Hokenstad/ Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | | | | | | | 18-0013 |
| /Shelly L. Hokenstad/ Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | x Credit a | ny overpaymer | nt. | | | | |
| Shelly L. Hokenstad Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | x Charge a | any additional fil | ing or application | on progessing | fees re | quired under 37 | CFR 1.16 and 1.17. |
| Attorney/Agent Reg. No.: 59,107 RADER, FISHMAN & GRAUER PLLC 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | | | | | | Dated: Se | ptember 25, 2007 |
| 39533 Woodward Avenue Suite 140 Bloomfield Hills, Michigan 48304 | | | 107 | | | | |
| Bloomfield Hills, Michigan 48304 | • | | R PLLC | | | | |
| (248) 594-0600 | | | 304 | | | | |

Adjustment date: 01/22/2008 INTEFSH 03 FC:1504

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | |
|--|-----------------------|---------------------------------------|--|--|--|--|--|--|
| 1 Date of Request: 2/21/08 2 Serial/Patent # 09/386,775 | | | | | | | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATÉ FILED | 6 AMOUNT | | | | | |
| Filing | | | \$ | | | | | |
| Amendment \$ | | | | | | | | |
| Extension of Time | | · · · · · · · · · · · · · · · · · · · | \$ | | | | | |
| Notice of Appeal/Appeal | | | \$ | | | | | |
| Petition | | | \$ | | | | | |
| Issue | | | \$ | | | | | |
| Cert of Correction/Terminal Disc. | | | la l | | | | | |
| Maintenance | | | \$ | | | | | |
| Assignment | | , | \$ | | | | | |
| Other | PET:OF | 1/18/08 | \$300 | | | | | |
| | | 7 TOTAL AMOUNT \$300.00 | | | | | | |
| | 8 TO BE REFUNDED BY: | | | | | | | |
| 10 REASON: | Treasury Check | | | | | | | |
| Overpayment | Credit Deposit A/C #: | | | | | | | |
| Duplicate Payment | , 18-0013 | | | | | | | |
| No Fee Due (Explanation): | | | | | | | | |
| Fee was not required | | | | | | | | |
| A DEFINID DECUESMED BY. | | | | | | | | |
| TYPED/PRINTED NAME: Diane Goodwy TITLE: Paralegal | | | | | | | | |
| office: OP PHONE: 5'11-272-6735 | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: DATE: 2/2/108 | | | | | | | | |
| | | | • • | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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